

**CURB  
Meeting Minutes  
September 11, 2013**

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**PRESENT:**

**Board:**, Delores Burroughs-Biron, MD, David Butsch, MD, Ann Goering, MD, John Mathews, MD, Paul Penar, MD, Norman Ward, MD Richard Wasserman, MD

**DVHA Staff:** Daljit Clark (moderator), Jennifer Herwood, Susan Mason, Thomas Simpatico, MD (moderator), Cindy Thomas

**Other Staff:** Patricia Singer, MD Adult Services Director, VT Department of Mental Health

**Absent:** Michel Benoit, MD, William Minsinger, MD, Patricia Berry, MPH

**HANDOUTS**

- Agenda
- Draft minutes from 06/12/2013
- CURB meeting Structure

**CONVENE: Daljit Clark convened the meeting at 6:35 pm.**

**1.0 Introductions**

**2.0 Announcements**

- **Chief Medical Officer** – Daljit introduced Dr. Thomas Simpatico.
- **Next Meeting Schedule** – Dr. Simpatico sent out new meeting invitations for 2013 and 2014 meetings. Please delete all previously scheduled meetings. CURB will continue to meet every other month, third Wednesday of the month.
- Dr. Simpatico presented a schematic of the CURB meeting workflow. All CURB recommendations will be submitted to the DVHA Commissioner by Dr. Simpatico.

**3.0 Old Business:**

- **Minutes** - The minutes for the June meeting were reviewed and approved.
- **TENS Update** – Sue Mason presented to the group a review of CURB's TENS recommendation and the results and remaining issues with TENS.
  - Results:
    - Incomplete, non-timely documentation
    - Limited demonstration of decreased pain and no demonstration of decreased pain med use
    - Since 1/2013 there were 10 approvals, 45 denials-generally due to incomplete information

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Remaining Issues:

- Access- only one large vendor throughout the state
- The vendor does not seem to understand the gravity of the problem
- Beneficiaries are not receiving adequate comprehensive care

**Action Item** – DVHA will continue to monitor and will use fixed functional scales instead of the pain scales on the TENS form. Drs. Goering and Burroughs-Biron will provide brief functional tools to consider.

- **Gold Card Update** – Daljit Clark presented an update on the status of the Radiological Gold Card process.
  - Board Member Discussion:
    - Radiology procedures utilized in the ER. Are beneficiaries receiving the same procedures frequently?
    - Should there be a Radiology specialist on CURB?
    - Should there be a “real time” system that gives feedback on how frequently the beneficiary is receiving certain radiological procedures?
    - Should there be a radiation card that keeps track of how much radiation the beneficiary is receiving?

**Action Items:** CURB members could generate a list of top 10 issues and develop a health exchange network or system to encourage communication and prevent duplication of services and unnecessary procedures.

**4.0 Action Items:**

- The Psychiatric Partial Hospitalization Program (PHP) continued - Dr. Thomas Simpatico

Dr. Simpatico presented the presentation from the last meeting as a review, it focused on:

- Partial Hospital Programs for mental illness and substance abuse. The patient lives at home and goes to daily treatment to help reintegrate.
- Active ingredient is structure and consistency
- Current Programs are:
  - Hospitals – FAHC, BR, DHMC
  - Non-Hospital – Crossroads (Essex Junction)
- Create payment reform pilot – Pay for Outcomes
- This has been discussed with the Reimbursement Unit at DVHA

**Discussion:**

- How will Medicaid prevent cherry-picking?

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- Medicaid will track where referrals are coming from and to which program the beneficiaries go.
- Should use an acuity scale.
- Medicaid reimbursement builds acuity into the payment model.
- Will DVHA pay before they see the outcome?
- Medicaid will need to use data to see which regulations are best suited for this program.
- Will certain groups be pre-selected out?
- CRT population can use this system but they aren't, they use a different set of resources. This will be more for the adult outpatient population.
- Look closely at who is admitted to hospital beds. 65% are not CRT. It will take time to decide which diagnoses will work well with which program.
- Locus level of functionality scale can measure acuity; the reimbursement will mirror the acuity. Can DVHA track the number of incarcerations.
- The literature shows this system of step-down is supported. It does not clarify which modalities work best.
- There is an access issue in the state with the closing of the state hospital.
- Fascinating that we are considering starting the outcomes process with psychiatric disorders rather than other disease processes.
- Very difficult to figure out what outcomes to measure, hospital day use is one, many measures are tied to poverty measures.
- There is a very strong pushback against outcomes.
- You can look at pre and post hospitalization measures.
- It is not clear how much people should be expected to improve; starting point should affect ending point.
- Stabilization, avoidance of decline is of benefit, as well as improvement.

**Action Item:**

Dr. Simpatico will continue to work with the senior management team on this concept and appreciates the input of the CURB members.

**5.0 Future Topics – Board Members**

- Transportation Issues/Fraud
- Emergency Room Overuse – Washington State saved money by coordinating ED care with primary care. Handout provided by board member.
- Hub and Spoke program
- Update on University leveraging
- Design Principles - OHSU

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**Adjournment – CURB meeting adjourned at 7:55 PM**

**Next Meeting**

**November 20, 2013**

**Time: 6:30 PM – 8:00 PM**

**Location: Department of Vermont Health Access, Williston, VT**